BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **RICHARD J. WHITMAN, M.D.** Holder of License No. 14188 For the Practice of Allopathic Medicine In the State of Arizona	Case No. MD-05-0022A **CONSENT AGREEMENT FOR LETTER OF REPRIMAND**

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Richard J. Whitman, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

1. Respondent acknowledges that he has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that he has the right to consult with legal counsel regarding this matter and has done so or chooses not to do so.

2. Respondent understands that by entering into this Consent Agreement, he voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. Respondent acknowledges and understands that this Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government

regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

5. Respondent acknowledges and agrees that, although the Consent Agreement has not yet been accepted by the Board and issued by the Executive Director, upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the acceptance of the Consent Agreement. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

6. Respondent further understands that this Consent Agreement, once approved and signed, is a public record that may be publicly disseminated as a formal action of the Board and will be reported to the National Practitioner Data Bank and to the Arizona Medical Board's website.

7. If any part of the Consent Agreement is later declared void or otherwise unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force and effect.

RICHARD J. WHITMAN, M.D.

DATED: Aug 12, 2008

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 14188 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-05-0022A after receiving notification of a malpractice settlement involving Respondent's care and treatment of a 26-year-old female patient ("E.G.").

4. On November 27, 2000 E.G. presented to the hospital complaining of substernal chest pain. She was admitted to rule out myocardial infarction and was placed on telemetry. E.G. had no further episodes of chest pain during her hospitalization.

5. On November 30, 2000 E.G. had a computed tomography ("CT") scan that demonstrated, among other things, a bowel pattern that was unremarkable and unobstructed. The CT also described subtle soft tissue fullness in the right adnexa of unclear etiology.

6. On December 1, 2000 E.G. complained of constipation and was treated with suppositories and enemas.

7. On the evening of December 2, 2000 E.G. had abdominal pain again. Her treating physician ("Treating Physician") ordered a STAT abdominal x-ray series and asked to be notified with the results. Treating Physician also requested a surgical consultation.

8. That evening, Respondent saw E.G. for a consultation. Respondent described E.G.'s abdomen as "firm with diffuse guarding. No localization. No palpable masses or palpable organomegaly." Respondent did not mention the CT scan or the abdominal films.

9. The radiologic report was dictated on the morning of December 3, 2000 but states "The intensive care unit was notified of the findings at 0800 hours on 12/3/00 and is aware." The impression from the abdominal film report was "intra-abdominal free air."

10. Overnight E.G. developed hypotension and hypoxemia. She was initially resuscitated from cardiac arrest. E.G. suffered another cardiac arrest and was not able to be resuscitated. E.G. died at 8:26 a.m.

11. The standard of care required Respondent, when consulted for an evaluation of a patient, to perform a thorough evaluation including a complete history and physical examination and evaluation of laboratory or radiologic studies previously performed. The standard of care also required Respondent to order additional diagnostic studies for evaluation of abdominal pain if indicated.

12. Respondent deviated from the standard of care because he did not perform a thorough evaluation of E.G. and did not obtain the results of the abdominal x-rays that had already been performed on E.G.

13. E.G. was harmed because Respondent's failure to obtain the results of the STAT abdominal x-rays on the evening of December 2, 2000 resulted in a delay of discovering the presence of free air and resulted in a delay in the diagnosis of perforated abdominal viscus and may have resulted in the delay of performing a potentially lifesaving surgery.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) – ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.")

3. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401 (27)(ll) – ("[c]onduct that the board determines is gross negligence, repeated negligence or negligence resulting in harm to or the death of a patient.")

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand for failure to perform a thorough evaluation of a patient and failure to obtain the results of a STAT abdominal film.

2. This Order is the final disposition of case number MD-05-0022A.

DATED AND EFFECTIVE this 12th day of October, 2005.

(SEAL)

ARIZONA MEDICAL BOARD

By _____
TIMOTHY C.MILLER, J.D.
Executive Director

ORIGINAL of the foregoing filed this 12th day of October, 2005 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed this 12th day of October, 2005 to:

Mr. Edward Ladley
Olson, Jantsch, and Bakker
7243 N. 16th St
Phoenix AZ 85020

EXECUTED COPY of the foregoing mailed this 12th day of October, 2005 to:

Richard J. Whitman, M.D.
Address of Record

Investigational Review